

## **Rockford Police Department Explorer Program**



**Vision Statement** – To create positive character and leadership in youth, through community participation and career exploration.

**Mission Statement** – It is the mission of the Rockford Police Career Explorers to enable young people to become responsible and ethical individuals for our community.

## Qualifications

- Applicant must be 14 21 years of age
- Must be a student
- Must be willing to go through the interview process, including, but not limited to a background check
- Must be passing an average of five out of seven classes (the same standard given by Rockford Public Schools to participate in sports.

## **Application for Membership**

Last Name:	First Name	::	Middle Name:	
Date of Birth:	Age:	Race:	Male or Female	
Alias' (Nicknames):				
Home Address, City, State	e, Zip Code:			
Home Phone:		Cell Phor	ne:	
Email:				
School:	Grade:			
Emergency Contact (Nam	e and Phone Numb	er):		
Parent/Guardian (Name	and Phone Number	١٠		

If yes, please explain in detail. Give the date, location, charge, and court disposition. Please use additional paper if needed				
List two character references that are not fam	nily members:			
Name:	Home Phone Number:			
Address:	Work Phone Number:			
Name:	Home Phone Number:			
Address:	Work Phone Number:			
statements and answers to questions. I unde	ons, omissions, or misrepresentations in the forgoing rstand that any omission or false statement on this ion for enrollment or dismissal from the City of Rockford			
Signature:	Date:			
Signature of parent/guardian:	Date:			
Any questions should be directed to:				
Officer Robert Washo Phone number - (815) 494-3865 Email - Robert.washo@rockfordil.gov	Officer Andrew Seale OR Phone number – (779) 200-4355 Email – Andrew.seale@rockfordil.gov			

Please return your completed application on the day of your scheduled interview.